2010 MAR 31 AM 8: 28

10030274493

STATEMENT OF

FORM 1		ORGANIZ	ATION	Office Use Only		
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5		
BOB RIL	SIF	OR GONGRES	951			
ADDRESS (number and street)		600 N. 1.N. TV	AVENGE SO	UTHILL		
(Check if address is changed)				 		
		WASHULLL		IZW !	372031-111	
			СІТУ	STATE	ZIP CODE	
COMMITTEE'S E-MAI	IL ADDRES	SS (Please provide only one e	-mail address)			
(Check if a	address	STAGYMUS	ICI ATI AOLINE	COM		
is changed						
COMMITTEE'S WEB	PAGE ADD	PRESS (URL)				
(Check if is change	addross	W. W. W. BOBRI	ESFARGANGE	RESSOLD		
		Liliania	<u> </u>	<u></u>		
		Å ŽÕĮÕ	0474593			
3. FEC IDENTIFIC	ATION NO		7/7/1/			
4. IS THIS STATEM	MENT	NEW (N) OR	AMENDED (A)			
I certify that I have e	xamined th	is Statement and to the bes	t of my knowledge and belief i	t is true, correct	and complete.	
Type or Print Name of	of Treasurer	BOBR	155			
Signature of Treasure	r <i>b_</i>	Dobb sei		Date 03	24 2010	
NOTE: Submission of f		•	may subject the person signing ON SHOULD BE REPORTED W		the penalties of 2 U.S.C. §437g.	
Office Use Only			For further Information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)	